LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.



Ren 2005

J# C080530

\$110.00 WY

Postmark Date: 12104104

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quall Dr., 3rd Floor, Baten Rouge, LA 70808, (225) 763-8777 or
- (800) 842-6630. Initial registrations must be submitted within 5 days of (1) couployment as a

lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME

1041386

- 2. BUSINESSPHONE 504 837-//1/
- 3. BUSINESS ADDRESS AUSTO Severn Avenue, Suite 210 Metairie, LA 70001

MAILING ADDRESS Same as above

- 4. EMPLOYER Metropoliton Hospital Council of New Orleans
- Street and No. City Com-5. EMPLOYER'S ADDRESS
- 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such seein, groups, or
- organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or gasting. (d) whether or not the client or someone else pays you to lobby.

same as above I. Name

Address

Hospital Trade Association Business or purpose

Does this person pay you? 12.5

If No, who pays you?

Frem 600, Rev. 10/2002

2005 LOBBYING REGISTRATION FORM



2.	Name	
	Address	-03
	Business or purpose	
	Does this person pay you?	
	If No, who pays you?	887
3.	Name	
	Address	
	Business or purpose	
	Does this person pay you?	
	If No, who pays you?	- 1 <u>-</u>
4.	. Name	
	Address	
	Business or purpose	
	Does this person pay you?	
	If No, who pays you?	3

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et scq.] has been deliberately omitted.

Signature of Lobbyist

Form 800, May, 10/2002